



**ARIZONA BUSINESS PROPERTY STATEMENT**  
**SHADED AREAS FOR ASSESSOR'S USE ONLY**

BUSINESS NAME \_\_\_\_\_ TAXPAYER / ACCOUNT NUMBER \_\_\_\_\_

<b>SECTION 3:</b>																				
<b>ASSESSOR'S USE ONLY</b>	CLASS		CLASS		CLASS		CLASS		CLASS		CLASS		CLASS		CLASS		CLASS		CLASS	
	A		B		C		D		E		G		I		J		Q			
	TBL #	LIFE	TBL #	LIFE	TBL #	LIFE	TBL #	LIFE	TBL #	LIFE	TBL #	LIFE	TBL #	LIFE	TBL #	LIFE	TBL #	LIFE	TBL #	LIFE
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**SECTION 4: ADDITIONS AND DELETIONS:** ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE FOR PROPERTY ACQUIRED DURING THE PRIOR YEAR WHICH YOU OWNED ON 12/31 OF THE PREVIOUS YEAR. ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE AND THE YEAR OF ACQUISITION FOR ALL PROPERTY DELETED DURING THE PRIOR YEAR.

SCHEDULE	A	B	C	D	E	G	I	J	Q
YEAR OF ADDITIONS OR	OFFICE FURNITURE AND EQUIPMENT	STORE, MOTEL APARTMENT FURNITURE AND FIXTURES	MACHINERY AND EQUIPMENT	SPECIAL TOOLS DIES AND JIGS	COMPUTER EQUIPMENT	SUPPLIES ON HAND DECEMBER 31	CONSTRUCTION EQUIPMENT	COPYING EQUIPMENT	NUMBER OF RENTAL VIDEO TAPES

ADDITIONS: YEAR									
QUALIFIED									
NON-QUALIFIED									
QUALIFIED									
NON-QUALIFIED									

DELETIONS: YEAR									
20 ____									
20 ____									
20 ____									
20 ____									
20 ____									
20 ____									
20 ____									
20 ____									
19 ____									
19 ____									
19 ____									

	ACQUISITION	YEAR	DESCRIPTION	ACQUISITION COST	ADDITION OR DELETION	TABLE NO	LIFE
SCHEDULE F: OTHER PROPERTY	QUALIFIED						
	QUALIFIED						
	NON-QUALIFIED						
	NON-QUALIFIED						
SCHEDULE H: LEASEHOLD IMPROVEMENT	QUALIFIED						
	QUALIFIED						
	NON-QUALIFIED						
	NON-QUALIFIED						

**SECTION 5: ADDITIONAL INFORMATION REQUIRED.**  
**LEASED OR RENTED PROPERTY:** Attach a list of all leased or rented property in your possession.  
**UNOWNED PROPERTY:** Attach a list of property located at your place of business which you do not own, lease, or rent.  
**GOVERNMENT OWNED LAND:** If located on government property, attach a list providing the government owner's name and address.

**SECTION 6: AFFIRMATION OF PROPERTY STATEMENT AND CLAIM OF EXEMPTION**  
 By signing below, I hereby affirm that this is a full, true, and complete statement of property that is claimed by, or that is in the possession or control of the undersigned, and it is verifiable from the records and files of the above named business. The person whose signature is affixed below likewise claims an exemption amount not to exceed the first \$ \_\_\_\_\_ of full cash value. Each eligible taxpayer is entitled to one statewide exemption.

Print Name of Property Owner or Authorized Agent _____	Date _____ ( )	Name of County in which you are Claiming Exemption _____
Signature of Property Owner or Authorized Agent _____	Phone _____	

**SUPPLEMENTAL INFORMATION ATTACHED?** YES \_\_\_\_\_ NO \_\_\_\_\_

**TAXPAYER: RETURN ORIGINAL FORM AND COPY BOTH SIDES FOR YOUR FILES**